

Dr. Cobbold before the British Association "that tapeworm is often contracted from eating beef and veal."

A young man, aged 25, single, possessing more than ordinary intelligence, applied to me a few days since on account of indigestion, stating that he had, between 1860 and 1865, discharged several pieces of tapeworm, estimated to amount to full one hundred feet; that parts of it were in the hands of two different physicians, and that he had at home about 25 feet (and he believed the head) which was discharged after he had subsisted for several days principally upon pumpkin seeds, and then taken a large dose of turpentine.

In reference to the commonly received opinion that tapeworm was produced by eating measly pork, he stated that he had not been in the habit of eating much pork; had never eaten it raw except when well cured as bacon or salted for a long time; but that his occupation was formerly that of a butcher and salesman in a meat market, and that he was fond of and frequently ate raw beef and veal; also, that after he became certain that he was afflicted with tapeworm, he subsisted on very rare beef and Graham bread for a long time. More recently he had been boarding among comparative strangers, and had used more thoroughly cooked meat and a greater variety of food. He further stated that many of his former symptoms of the parasite were at present wanting, and it was my opinion that it was not now the cause of his complaint. He is plethoric at present, and fond of company, and doubtless abuses a stomach rendered more sensitive by what it has suffered.

Poisoning by Eating the Fruit of the Rhus Toxicodendron. By J. W. MOORMAN, of Hardinsburg, Ky.

The poisonous effects of the *Rhus Toxicodendron* are well known (see *Griffith's Medical Botany*, p. 184; *U. S. Dispensatory*, 12th ed., p. 836, &c.). Nevertheless but few cases we believe have been recorded of poisoning resulting from eating the fruit of the plant, and it therefore may be well to record two cases of this kind communicated to me by a professional friend.

The subjects of these cases were children, one six and the other eight years of age. The quantity eaten was nearly a pint. In a few hours the children became drowsy and stupid, and in a short time vomiting commenced, first of the partially digested fruit, afterwards of a thick, tenacious fluid of a wine color. Then convulsions of different parts of the body followed, accompanied by slight delirium. Respiration was hurried, pulse at first full and strong, but slow, afterwards small, frequent, and compressible; pupils dilated. Warm water was given to promote emesis and thus clear the stomach of the poisonous matter; afterwards large quantities of carbonate of soda in solution, under the belief that it was an antidote to the poison. Otherwise they were treated on general principles. Both cases recovered, though the youngest convalesced very slowly.

Spontaneous Umbilical Hemorrhage. By J. H. POOLEY, M. D., of Yonkers, N. Y.—

I WAS called, December 17, 1864, to see a girl, thirteen days old, who was bleeding from the navel. The funis had separated five days before in a perfectly natural way, and left an umbilicus quite healthy in appearance. The child, for several days after birth, was very much jaundiced, and its urine highly charged with bile elements; in every other respect it was

quite healthy. The mother was attended in her confinement by a *wise-woman* of the neighbourhood, but I could not learn that any unusual circumstance had attended the birth.

The bleeding began the day before I saw the child, was very slight at first, had been gradually increasing, but, at the time of my first visit, it amounted to no more than a moderate and persistent oozing. I prescribed five drops of the muriated tincture of iron every two hours, and filled the umbilical depression with pulverized alum, applying over it a graduated compress and bandage. This failed, except for about an hour, to arrest the bleeding. In the evening, the hemorrhage increasing, with the concurrence and assistance of my friend, Dr. Upham, who had been called in consultation, I applied the ligature, *en masse*, by passing two stout steel pins at nearly right angles to each other through the integument and under the navel, and twisting a wax-end silk thread tightly over them in a figure of 8. This appeared to check the bleeding for a couple of hours, but it again recurred and continued through the night.

The next day, the 18th, Dr. Upham saw the child and applied the perchloride of iron without any good effect. I saw my little patient about twelve o'clock; it was then very pale and languid, evidently failing. Saw it again at 5 P. M.; bleeding continued; child sinking rapidly; applied pulverized matico. Died at midnight. No post-mortem was allowed. The mother of this child had given birth to five others, all of whom had died in early infancy, and most of them, it was said, from some form of marasmus; they were all deeply jaundiced soon after birth.

DOMESTIC SUMMARY.

Aphasia.—The attention of clinical observers, Prof. AUSTIN FLINT observes (*Medical Record*, March 1, 1866), has recently been directed to a loss of power of speech occurring without inability to perform the movements involved in the utterance of language, and without any lesions of the organs of phonation, for which affection M. Trousseau has proposed the name *aphasia*. "All observers," the Professor remarks, "agree that the affection, in the great majority of cases, is associated with hemiplegic paralysis, and that the paralysis, as a rule, is on the right side of the body; hence, it has been inferred that the faculty of speech is seated in the left hemisphere of the brain. A French observer, Dr. Dax, appears to have collected the largest number of cases, viz., 140, in which the paralysis was on the right side.¹ It is intimated, however, that some of these cases were not cases of veritable aphasia. Dr. J. Hughlings Jackson, of London, has reported 34 cases, of which in all but three the right side was paralyzed.² In a large proportion of these cases cardiac murmur coexisted, a fact which the reporter considers as tending to show the probable production of the paralysis by embolism. According to Trousseau, in the immense majority of cases there exists softening of the brain. The affection, however, is not invariably associated with hemiplegia—that is, it may be independent of paralysis; and that it may exist without softening or other structural lesions is rendered probable, not only by the fact just stated, but by the complete recovery from the paralysis in some of the cases in which the latter coexists."

Prof. Flint gives an account of six cases of this affection which have fallen under his observation at Bellevue Hospital. In four of these cases the hemi-

¹ Archives de Médecine, Jan. 1865, and London Lancet, Aug. 1865.

² Clinical Lectures and Reports, London, 1861; and Archives de Médecine, March and April, 1865.